

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS FOR REMOVAL, PURIFICATION, AND CONCENTRATION OF VIRUSES, AND METHODS OF THERAPY BASED THEREUPON, the specification of which:

- ☒ is attached hereto.
☐ was filed on December 1, 2000 as Application Serial No. and was amended on .
☐ was described and claimed in PCT International Application No. filed on and as amended under PCT Article 19 on .

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/168,551	12/02/1999	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

J. Peter Fasse, Reg. No. 32,983	Charles J. Boudreau, Reg. No. 42,350
John F. Hayden, Reg. No. 37,640	Janis K. Fraser, Reg. No. 34,819
Timothy A. French, Reg. No. 30,175	Christine P. Bellon, Reg. No. 41,611
Frederick H. Rabin, Reg. No. 24,488	Gary A. Walpert, Reg. No. 26,098

Address all telephone calls to J. PETER FASSE at telephone number (617) 542-5070.

Address all correspondence to J. PETER FASSE at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, MA 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: JEFFREY R. MORGAN

Inventor's Signature: _____ Date: _____

Residence Address: 241 Mansfield Street
Sharon, MA 02067

Citizenship: U.S.A.

Post Office Address: 241 Mansfield Street
Sharon, MA 02067

Full Name of Inventor: WILLIAM LEE, PH.D.

Inventor's Signature: _____ Date: _____

Residence Address: 4 Canal Park, #PH3
Cambridge, MA 02141

Citizenship: Malaysia

Post Office Address: 4 Canal Park, #PH3
Cambridge, MA 02141

Full Name of Inventor: MARTIN L. YARMUSH

Inventor's Signature: _____ Date: _____

Residence Address: 164 Ward Street
Newton, MA 02459

Citizenship: United States of America

Post Office Address: 164 Ward Street
Newton, MA 02459

30034243.doc

00786-429001

Applicant or Patentee: William Lee et al.

Serial or Patent No.:

Filed or Issued:

For:

December 2, 1999METHODS FOR REMOVAL, PURIFICATION, AND CONCENTRATION OF VIRUSES, AND
METHODS OF THERAPY BASED THEREUPON**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) — NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization: The General Hospital Corporation
Address of Organization: 55 Fruit Street, Boston, Massachusetts 02114

Type of Organization:

☐ University or Other Institution of Higher Education☒ Tax Exempt Under Internal Revenue Service Code (26 SC 501(a) and 501(c)(3))☐ Nonprofit Scientific or Educational Under Statute of State of the United States of America

(Name of State: _____) (Citation of Statute: _____)

☐ Would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3)) if located in the United States of America☐ Would qualify as nonprofit scientific or educational under Statute of State of the United States of America if located in the United States of America

(Name of State: _____) (Citation of Statute: _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled **METHODS FOR REMOVAL, PURIFICATION, AND CONCENTRATION OF VIRUSES, AND METHODS OF THERAPY BASED THEREUPON** by inventor(s) **WILLIAM LEE, PH.D., JEFFREY R. MORGAN AND MARTIN L. YARMUSH, M.D., PH.D.** described in:☐ the specification filed herewith.☒ application serial no. _____, filed December 2, 1999.☐ patent no. __, issued __.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Full Name:

Address:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status when any new rule 53 application is filed or prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name:	David J. Glass, Ph.D.
Title:	Associate Director for Patents, Office of Technology Affairs, Massachusetts General Hospital
Address:	Thirteenth Street, Building 149, suite 1101, Charlestown, Massachusetts 02129

Signature: _____

Date: 1/20/00